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Commissioner for Patents	September 21, 2004	
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703-308-3139	18	
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:	
10/005,789	011738.00038	
RE:	Petition to Withdraw Holding of Abandonment Pursuant to 37 CFR § 1.181	

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PTO/SB/97 (05-03)

Approved for use through 04/30/2003. OMB 0851-0031

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Transmittal (1 page) in duplicate
Petition to Withdraw Holding of Abandonment (2 pages)
Copy of Response to the Office Action mailed March 3, 2004 (10 pages)
Copy of return postcard showing filing stamped date of April 27, 2004 (1 page)
Notice of Abandonment mailed September 8, 2004 (2 pages)
Fax Cover sheet (1 page)
Certificate of Transmission under 37 CFR 1.8 (1 page)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/005,789
Filing Date	November 8, 2001
First Named Inventor	Jerome T. Hartlaub
Art Unit	3763
Examiner Name	Kathym L. Thompson
Attorney Docket Number	011738.00038

ENCLOSURES (check all that apply)

- | | | |
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| <input type="checkbox"/> Amendment / Reply | <input checked="" type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Copy of response to office action mailed 3-03-2004; copy of return receipt postcard and copy of Notice of Abandonment mailed 9-08-2004 |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

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Firm or Individual name

Scott A. Burow

Signature

Date

September 21, 2004

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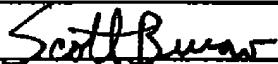
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Application Number	10/005,789
Filing Date	November 8, 2001
First Named Inventor	Jerome T. Hartlaub
Art Unit	3763
Examiner Name	Kathryn L. Thompson
Total Number of Pages in This Submission	1
	Attorney Docket Number
	011738.00038

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Scott A. Burow
Signature	
Date	April 27, 2004

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